

Established under the Chhattisgarh Private Universities (Establishment and Operation) Act, 2005

Village – Nawapara (Kosmi), Block & Tehsil – Chhura, Dist. – Gariyaband, Chhattisgarh, India – 493996 Mob: +91 9109333333 Email – <u>info@isbmuniversity.edu.in</u>

PROCEDURE FOR CHANGE OF NAME AND SURNAME

Following procedure needs to be followed by the committee members for change in name of students:

| S.No. | Particular | Summary | | |
|---|--------------------|--|--|--|
| A Woman student who wishes to change her Surname on account of Marriage | | | | |
| a | Procedure | An application, mentioning the enrolment number of the student duly forwarded by the Department In charge along with Rs. 1000/- as application fee. | | |
| b | Submit to | The Office of the Registrar ISBM University. | | |
| С | Documents required | A Self Declaration (Specimen enclosed) in original, on Non-Judicial Stamp Paper of the value as prescribed in the Domicile State of the applicant (in Chhattisgarh it is presently Rs. 50/-) duly notarized. OR Marriage Certificate issued by the competent authority. | | |
| d | Time required | It will come into effect only after the same has been approved by the Committee and notified by the University | | |
| Candidates who wish to change their name | | | | |
| a | Procedure | An application, mentioning the enrolment number of the student duly forwarded by the Department In charge along with Rs.750/- as application fee. | | |
| b | Submit to | The Office of the Registrar ISBM University. | | |
| С | Documents required | A Self Declaration (Specimen enclosed) in original, on Non-Judicial Stamp Paper of the value as prescribed in the Domicile State of the applicant (in Chhattisgarh it is presently Rs. 50/-) duly notarized. OR Submission of the matriculation or its equivalent certificate in case the student has got his/her name changed in the said certificate while studying in ISBM University. Newspaper cutting (in original) notifying change in name in one leading Indian daily (English/Hindi) Newspaper. | | |
| d | Time required | It will come into effect only after the same has been approved by the Committee and notified by the University | | |

Note:

- Application for change of name will be entertained only after the application of the students.
- The name after change will be read as changed name alias/nee earlier name ⑤
- The HOD/Department In charge may kindly ensure that the above procedure is strictly followed.
- HOD/Department In charges are requested to forward the application to the office of Registrar.
- The process of change of name may require at least one month after the submission of application in the office of the Registrar.

DECLARATION FORM FOR CHANGE OF NAME

| Know all me | an that I, the undersign | gned |
|-------------------|--------------------------|--|
| S/o / D/o Shi | ri | |
| a student of_ | | in ISBM University, |
| | | lment No, do hereby |
| absolutely re | nounce and abandon th | ne use of my said name as |
| | | and in lieu thereof assume and adopt the |
| name of | | for the purpose of evidencing |
| such change | of name. I hereby dec | clare that I shall at all times hereafter in all |
| records, dee | ds, documents and o | ther writings and in all action, suits and |
| proceedings | as well as in all dea | alings and transactions matters and things |
| whatsoever, | and upon all occasions | use and subscribe the said changed name of |
| | | in lieu of my earlier abandoned |
| name as afor | resaid. And I, therefore | e, hereby expressly authorize and require all |
| persons who | msoever at all times to | designate, describe and address me by such |
| adopted nam | e " | ," only. |
| Signed and d | lelivered by the above | DEPONENT |
| Named in the | e presence of | |
| 1. Witness | (Cionatura) | - |
| Full Name Address | (Signature) | |
| 2. Witness | (0) | |
| Full Name | (Signature) | |